

Ancestral File (TM) - ver H410

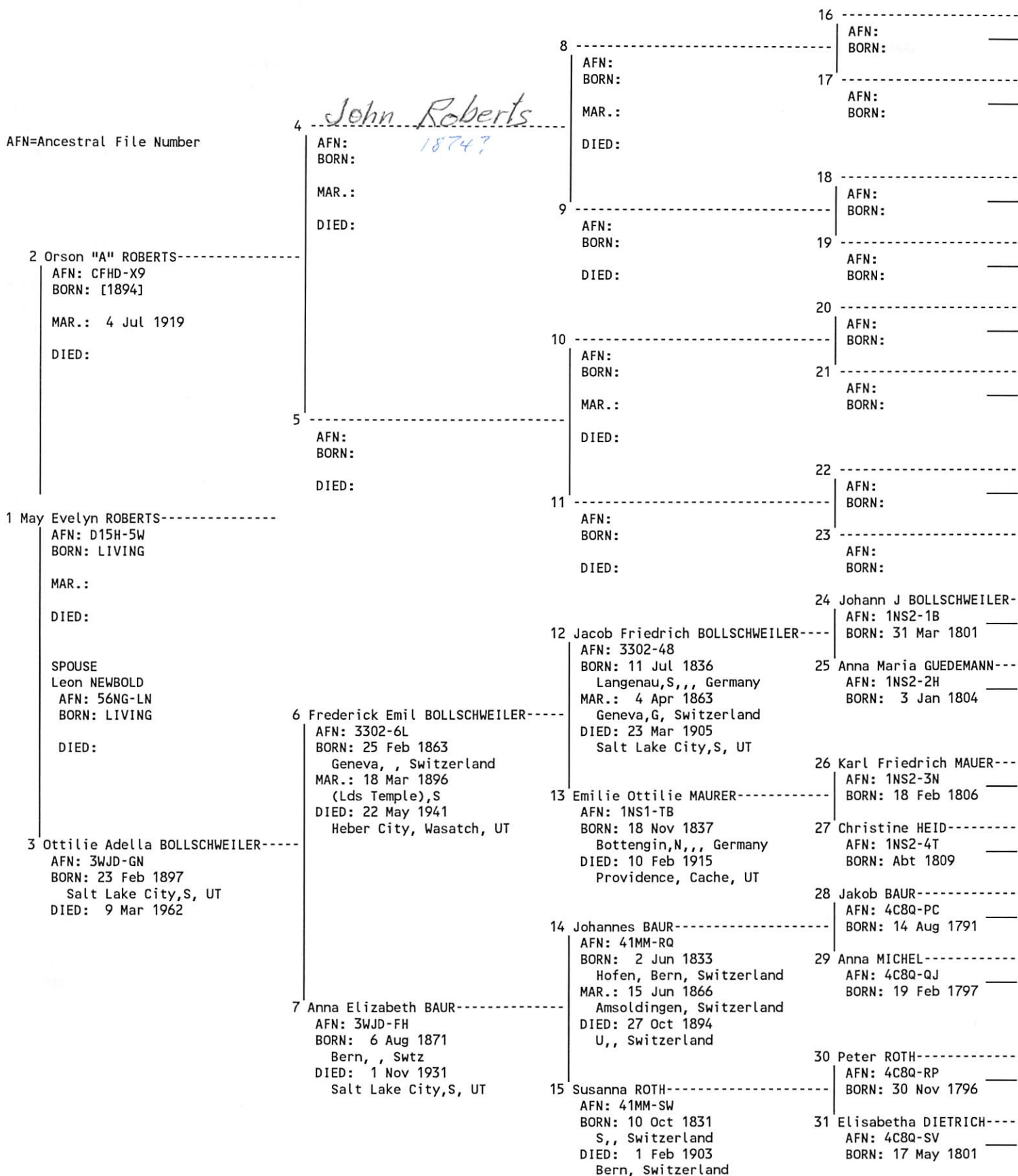
PEDIGREE CHART

28 OCT 1992

Chart 1

No. 1 on this chart is the same as no. \_\_\_\_\_ on chart no. \_\_\_\_\_

AFN=Ancestral File Number



path through the evil designs  
angels.

There will be many opportunities  
for you, and in the service of your  
work, and in the service of your  
ice and resolve in each of these  
it will be your joy, and great  
pleasure to discharge these  
duties.

in seeking truth, and seeking  
men.

Remember. Have them by your side  
see what the Lord has outlined  
for you and <sup>righteous</sup> purposes. Your joy will  
be to study the scriptures  
these latter days.

and wedded to a fine, young  
D.S. background. You will be  
pleased.

Realize the opportunities to teach  
right, that they may also be

HALF-LIFE	26 HOURS	2-3 DAYS	21 HOURS (wide intersubject variability)	10-25 HOURS	16-36 HOURS	3-9 HOURS	OURS
	ZOLOFT	FLUOXETINE	PAROXETINE	AMITRIPTYLINE	NORTRIPTYLINE	TRAZODONE	BUPROPION
	SELECTIVE SEROTONIN REUPTAKE INHIBITORS		TRICYCLICS		ATYPICAL ANTIDEPRESSANTS		

# Pharmacologic Parameters of Select Antidepressants

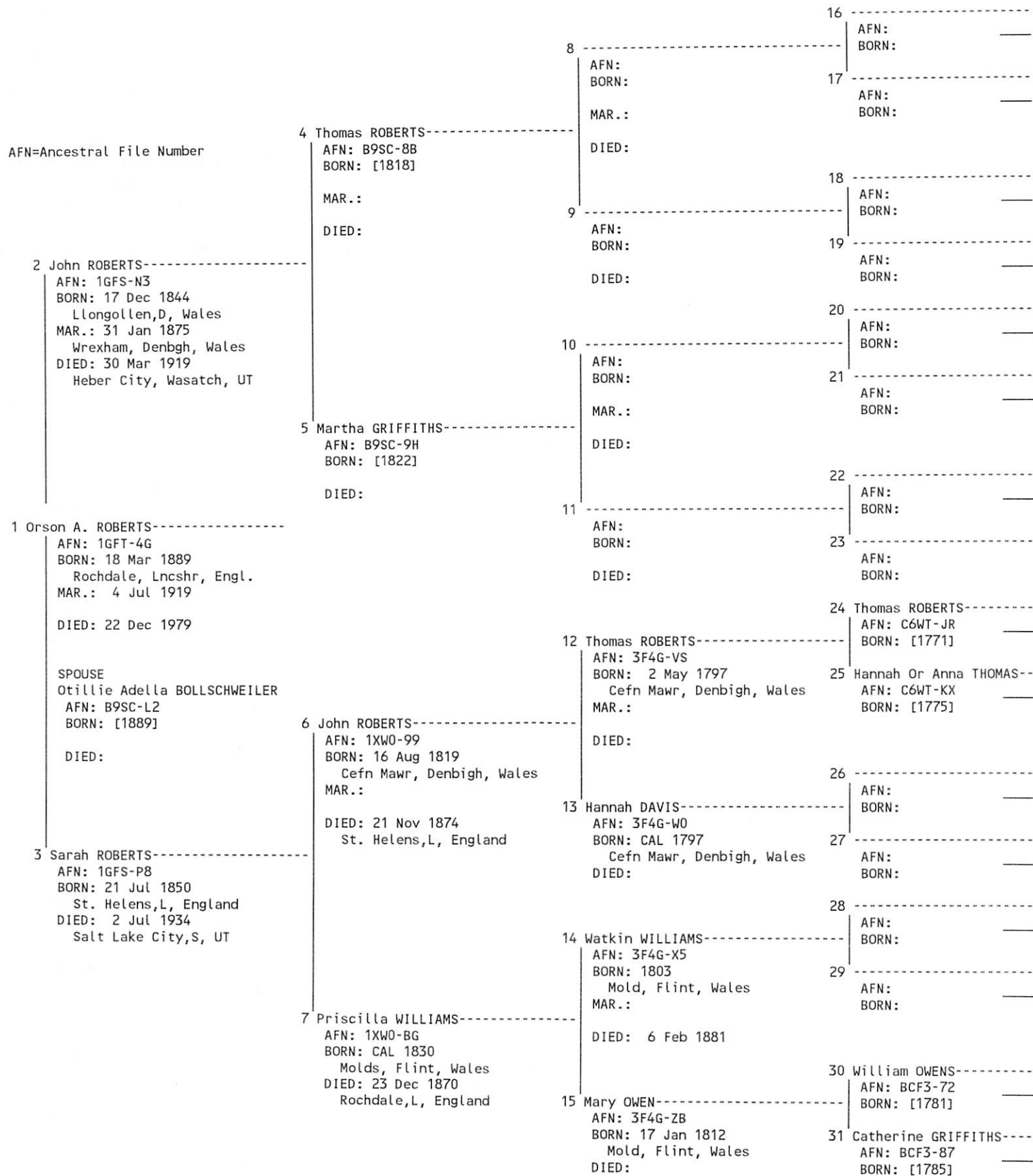
Ancestral File (TM) - ver 4.11

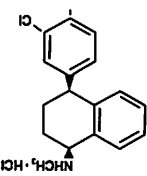
PEDIGREE CHART

27 OCT 1993

Chart 1

No. 1 on this chart is the same as no. \_\_\_\_\_ on chart no. \_\_\_\_\_





ZOLOFT® (sertaline hydrochloride) is an antidepressant for oral administration. It is chemically unrelated to tricyclic, tetracyclic, or other available antidepressant agents. It has a molecular weight of 342.7. Sertaline hydrochloride has the following chemical name: (1S-cis)-4-(3,4-dichlorophenyl)-1,2,3,4-tetrahydro-N-methyl-1-naphthalenamine hydrochloride. The empirical formula is C<sub>17</sub>H<sub>14</sub>NOCl<sub>2</sub>·HCl.

**ZOLOFT®**  
**(sertaline hydrochloride)**  
**Tablets**

**General**  
Activation of Mania/Hypomania—During premarketing testing, hypomania or mania occurred in approximately 0.4% of ZOLOFT (sertaline hydrochloride) treated patients. Activation of mania/hypomania has also been reported in a small proportion of patients with Major Affective Disorder treated with sertaline for some patients, but on average, patients in controlled trials had minimal, 1 to 2 pound weight loss, versus smaller weight changes on placebo. Only rarely have sertaline patients been discontinued for weight loss.  
Seizure—ZOLOFT has not been evaluated in patients with a seizure disorder. These patients were excluded from clinical studies during the product's premarket testing. Accordingly, like other antidepressants, ZOLOFT should be introduced with care in epileptic patients.  
Suicide—The possibility of a suicide attempt is inherent in depression and may persist until significant remission occurs. Close supervision of high risk patients should accompany initial drug therapy. Prescriptions for ZOLOFT should be written for the smallest quantity of tablets consistent with good patient management, in order to reduce the risk of overdose.  
Weak Urinary Effect—ZOLOFT is associated with a mean decrease in serum uric acid of approximately 7%. The clinical significance of this weak uricosuric effect is unknown, and there have been no reports of acute renal failure with ZOLOFT.  
Use in Patients with Concomitant Illnesses—Clinical experience with ZOLOFT in patients with certain concomitant systemic illness is limited. Caution is advisable in using ZOLOFT in patients with diseases or conditions that could affect metabolism or hemodynamic responses.  
ZOLOFT has not been evaluated or used to any appreciable extent in patients with a recent history of myocardial infarction or unstable heart disease. Patients with these diagnoses were excluded from clinical studies during the product's premarket testing. However, the electrocardiograms of 774 patients who received ZOLOFT in double-blind trials were evaluated. The data indicate that ZOLOFT is not associated with the development of significant ECG abnormalities.  
ZOLOFT is extensively metabolized by the liver in subjects with mild, stable cirrhosis of the liver. The clearance of sertaline was decreased, thus increasing the elimination half-life. A lower or less frequent dose should be used in patients with cirrhosis. Since ZOLOFT is extensively metabolized, excretion of unchanged drug in urine is a minor route of elimination. However, until the pharmacokinetics of ZOLOFT have been studied in patients with renal impairment and until adequate numbers of patients with severe renal impairment have been evaluated during chronic treatment with ZOLOFT, it should be used with caution in such patients.